

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101-3827 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6643 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PLAINTIFF	
DEFENDANT	
DECLARATION OF DEFAULT RE: STIPULATED AGREEMENT AND JUDGMENT THEREON	CASE NUMBER _____

The undersigned states that on _____, a Stipulated Agreement was entered into by _____
 _____. The Stipulated Agreement was as follows:

☐ Plaintiff ☐ Defendant has failed to comply with the terms of the Stipulated Agreement signed by both parties in Court
 and the ☐ Plaintiff ☐ Defendant hereby requests that the dismissal be set aside and judgment be entered in favor of the ☐
 Plaintiff ☐ Defendant as follows:

\$ _____ Stipulated amount (not including court costs)
 \$ _____ Costs of filing and service
 \$ _____ Attorney fees
 \$ _____ Interest
 \$ _____ Less payments received
 \$ _____ Total

☐ Possession of the premises located at _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 Signature of Declarant

It is so **ORDERED** by the Court.

Date: _____

 Judge / Commissioner

NOTE: If this is a Small Claims case, you must attach the original contract, check, or documents to support your claim.

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 AGREEMENT AND JUDGMENT THEREON**